

DEPARTMENT OF GENERAL SERVICES POLICE

OVERTIME FORM

It is requested the following employee:

(EMPLOYEE NAME)

(EMPLOYEE CLASSIFICATION)

Work on an overtime basis:

FROM: _____ **TO:** _____ **ON:** _____

TOTAL OVERTIME HOURS WORKED: _____

Current Employee Regular shift Schedule: _____ HRS to _____ HRS
On Holiday _____ Annual _____ Personal _____ R D O _____

AREA OF WORK: _____

REASON FOR OVERTIME: (Check one and explain)

Code:			Explanation:
	201(a)	CRIMINAL COURT	
	201(b)	TRAFFIC COURT	
	202	SICK LEAVE	
	203	SPECIAL CIRCUMSTANCES	
	204	VACANCY	
	205	LATE REPORT/RELIEF	
	206	REIMBURSABLE	
	207	TRAINING	
	208(a)	MILITARY	
	208(b)	ALL OTHER	

(EMPLOYEE'S SIGNATURE)

(SUPERVISOR'S SIGNATURE)

(DETACHMENT COMMANDER'S SIGNATURE)